

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

- 1. Print in ink or type.
- 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- 3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 6/13/08

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1. NAME Kirkpatrick Christopher S
Last First MI2. BUSINESS PHONE (225) 754-48743. BUSINESS ADDRESS 251 Florida St, Suite 210 Baton Rouge, LA 70801
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER Cypress Group5. EMPLOYER'S ADDRESS 251 Florida St. Suite 210 Baton Rouge, LA 70801
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Cameron Cole
Address 2137-A Quail Run Drive, Suite A
Business or purpose Environmental Consultant

☒ New Representation
Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

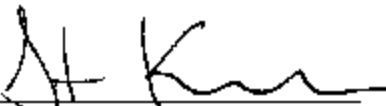
SUPPLEMENTAL REGISTRATION FORM



2. Name Coast Builders Coalition
Address 251 Florida Street, Suite 210 Baton Rouge, LA 70801
Business or purpose Business League
☒ New Representation
Does this person pay you? Yes
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist